

Fort Hudson Health System, Inc.

TITLE VI Plan

#00-01-04

Date Adopted: April 1, 2025

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A. PROGRAM DESCRIPTION AND SERVICES

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving Federal financial assistance. Specifically, Title VI provides that "no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."

Subrecipients of public transportation funding from the Federal Transit Administration (FTA), are required to develop policies, programs, and practices that ensure that federal and state transit dollars are used in a manner that is nondiscriminatory. Fort Hudson Health System, Inc. is a subrecipient of FTA financial assistance through a grant from NYSDOT. This Title VI plan details how Fort Hudson Health System, Inc. incorporates nondiscrimination policies and practices in providing transit services to the ridership we serve.

Fort Hudson Nursing Center, Inc. provides transportation for program clients at Fort Hudson Nursing Center and Medical Adult Day program, and its affiliates (which include Fort Hudson Home Care (adult day services) and Fort Hudson Residences (senior housing). Service is operated to and from day programs as well as for activity trips mid-day. In addition, the residential facilities provide transportation to clients for medical, social, and recreational trips. Services are provided to Fort Hudson clients/residents only (closed door).

B. Fort Hudson Health System, Inc. TITLE VI PLAN

As a subrecipient to NYSDOT receiving Federal Transit Administration section 5310 funds, Fort Hudson Health System, Inc. Title VI plan shall comply with Title VI of the Civil Rights Act of 1964 as presented with the following elements:

- ✓ Title VI Notice to the Public, including a list of locations where the notice is posted
- ✓ Title VI Complaint Procedures (i.e., instructions to the public regarding how to file a Title VI discrimination complaint)
- ✓ Title VI Complaint Form
- ✓ List of transit-related Title VI investigations, complaints, and lawsuits
- ✓ Public Participation Plan, including information about outreach methods to engage minority and limited English proficient populations, as well as a summary of outreach efforts made since the last Title VI Program submission
- ✓ Language Assistance Plan for providing language assistance to persons with limited English proficiency
- ✓ A table depicting the membership of transit related non-elected committees and councils, the membership of which is selected by the subrecipient, broken down by race, and a description of the process the agency uses to encourage the participation of minorities on such committees
- ✓ A copy of board meeting minutes, resolution, or other appropriate documentation showing the board of directors or appropriate governing entity or official(s) responsible for policy decisions reviewed and approved the Title VI Program. The approval must occur prior to submission to NYSDOT. (Board approval is not required if the subrecipient does not have a Board.)

The Fort Hudson Health System, Inc. shall update its Title VI plan every three years and present the updated plan to NYSDOT for their review and approval.

Fort Hudson does not provide fixed route services.

Fort Hudson Health System, Inc. TITLE VI Policy

The Fort Hudson Health System, Inc. commits to comply with Title VI of the Civil Rights Act of 1964 that prohibits discrimination based on race, color, or national origin in programs and activities receiving federal financial assistance. Specifically, Title VI provides that "no person in the United States shall on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance" (Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d et seq.). This requirement is included in the Section 5310 agreement between Fort Hudson Health System, Inc. and NYSDOT and third-party contractors.

For more information on Fort Hudson Health System, Inc.'s Title VI program contact:

Title VI Coordinator

Fort Hudson Health System, Inc.
Director of Human Resources
Fort Hudson Health System
319 Broadway, Fort Edward, NY 12828
Phone 518-747-2811
kwinsman@forthudson.com

B1. Title VI Public Notice

The Fort Hudson Health System, Inc.'s Notice to the Public is posted in the following locations:

- ☒ Agency website at: www.forthudson.com
- ☒ Public areas of the agency office – Bulletin Board
- ☒ Inside transit vehicles

A sample of the notice posted is shown on the next page.

The Fort Hudson Health System, Inc. and its affiliates operates its programs and services without regard to race, color, and national origin, in accordance with Title VI of the Civil Rights Act of 1964. Fort Hudson also operates its programs and services to accommodate persons with disabilities under the Americans with Disabilities Act of 1990. Any person who believes they are subject to discrimination based on race, color, national origin or disability may file a complaint with Fort Hudson Health System, Inc..

For information on Fort Hudson Health System, Inc.'s Title VI policy or to obtain the Title VI complaint form and procedures visit our website at www.forthudson.com. Or contact:

Title VI Coordinator
Fort Hudson Health System, Inc.
Director of Human Resources
Fort Edward, NY 12828
Phone 518-747-2811
kwinsman@forthudson.com

A complainant may also file a complaint directly with New York State Department of Transportation on its Civil Rights website at <https://www.dot.ny.gov/main/business-center/civil-rights/title-vi-ej>.

A complaint can also be filed directly with the Federal Transit Administration Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590

For information in another language, please contact the Title VI Coordinator.

Si necesita información en otra idioma, por favor contacto 518-747-2811.

B2. Title VI Complaint Procedures and Complaint Form

The Fort Hudson Health System, Inc.'s Title VI Complaint Procedure is available in the following locations:

- ☒ Agency website at: www.forthudson.com.com
- ☒ Hard copy in the central office
- ☐ In client intake materials
- ☒ Other: Upon request made to the Title VI Coordinator

Anyone who believes they have been discriminated against on the basis of race, color, or national origin, may file a complaint by completing and submitting the Title VI Complaint Form (contained in *Appendix B*) to the address below.

Fort Hudson Health System, Inc.
Director of Human Resources
Fort Hudson Health System
319 Broadway, Fort Edward, NY 12828
Phone 518-747-2811
kwinsman@forthudson.com

The complaint form is not required to file a complaint. The complainant may submit any written report as a complaint notice. Fort Hudson Health System, Inc. will make reasonable modifications and take information verbally if the complainant requires this accommodation.

The Fort Hudson Health System, Inc. investigates complaints received no more than 180 days after the alleged incident. Once the complaint is received, the Fort Hudson Health System, Inc. will follow the steps below:

1. Acknowledge receipt of the complaint within 10 days (*Appendix C*)
2. Determine if the Fort Hudson Health System, Inc. has jurisdiction to investigate the complaint.
3. Plan to complete the investigation within 45 days.
4. Schedule an interview, if deemed necessary.
5. Determine if other public or private entities are or should be involved.
6. Determine if additional information is needed. Complainant has 15 days to provide the additional information.
7. If the Fort Hudson Health System, Inc. is not contacted by the complainant or does not receive the additional information within 15 days, the case can be administratively closed. Additionally, a case can be administratively closed if the complainant no longer wishes to pursue the case.
8. Determine if meetings with the affected party or other interested parties are needed.

After the investigative process has been completed, the Fort Hudson Health System, Inc. will issue one of two letters to the complainant: a closure letter or a letter of finding (LOF).

1. A **closure letter** summarizing the allegations and stating that there was no Title VI violation and that the case will be closed. (*Appendix D*)
2. A **letter of finding (LOF)** summarizing the allegations and the interviews regarding the alleged incident, and explaining whether any disciplinary action, additional training of the staff member, or other action will occur. (*Appendix E*)

If the complainant wishes to appeal the decision, the complainant must submit the appeal within 21 days after the date of the closure letter or the LOF.

Filing complaints with Fort Hudson Health System, Inc. enables the agency to properly investigate the complaint. A person may also file a complaint directly with:

- New York State Department of Transportation
Office of Diversity and Opportunity
50 Wolf Road, 6th Floor
Albany, NY 12232
(518) 457-1129 Fax (518) 549-1273
OCR-TitleVI@dot.ny.gov
- Federal Transit Administration
Office of Civil Rights
Attention: Title VI Program Coordinator
East Building, 5th Floor-TCR,
1200 New Jersey Ave., SE Washington, DC 20590

If information is needed in another language, please contact Fort Hudson Health System, Inc. at 518-747-2811.

Si se necesita informacion en otro idioma por favor contacto, 518-747-2811.

B3. Transit Related Title VI Complaints, Investigations and Lawsuits

The Fort Hudson Health System, Inc. maintains a log of all Title VI complaints, investigations, and lawsuits pertaining to its transit-related activities since the last Title VI plan update. (Do not include the complainant's name. A case number is preferable.)

Reporting Period:

1/1/22 - 12/31/22 (year 1)

1/1/23 - 12/31/23 (year 2)

1/1/24 - 12/31/24 (year 3)

Check One:

X

There have been no investigations, complaints and/or lawsuits filed against Fort Hudson Health System, Inc. during the reporting period.

There have been investigations, complaints and/or lawsuits filed against Fort Hudson Health System, Inc.. *See list below.*

	Date (Month, Day, Year)	Summary (include basis of complaint: race, color, national origin)	Status (open/closed)	Disposition (finding/no finding)
Complaints				
1.	None			
2.				
3.				
Investigations				
1.				
2.				
3.				
Lawsuit				
1.				
2.				
3.				

B4. Public Involvement Process

Strategies and Desired Outcomes

This section describes how Fort Hudson Health System, Inc. will disseminate vital agency information and engage the public in the decision-making process. We will seek out and consider the input and needs of interested parties and groups traditionally underserved by transportation systems. These groups may face challenges accessing our services, such as minority and limited English proficient (LEP) persons. Underlying these efforts is our commitment to determining the most effective public involvement methods for a given project or population.

Fort Hudson Health System, Inc. works with families, residents and clients to provide services that meet their unique transportation needs. While Fort Hudson Health System, Inc. includes information on Title VI in application and orientation materials, Fort Hudson Health System, Inc. does not direct public outreach processes as transportation services are limited to Fort Hudson clients, and Fort Hudson determines who is eligible for service based on their needs. Fort Hudson Health System, Inc. is available to answer questions from those it serves.

Public Outreach Activities

Fort Hudson Health System, Inc.'s program decision-making public involvement is limited to the population that meets the eligibility criteria set by the program's primary funder - Medicaid (Funder) and the programs' admission eligibility criteria.

Summary on Public Involvement Activity

Since the last Title VI plan update, Fort Hudson Health System, Inc. conducted the following public involvement outreach (emails, website posting, media outlets, in-person, virtual) sessions:

☒ Not applicable; Fort Hudson Health System, Inc. is a closed door service provider.

B5. Language Assistance Plan

Language Assistance Plan Components

Limited English Proficient (LEP) persons are people for whom English is not their primary language and who have a limited ability to read, write, speak, or understand English. To comply with the FTA Title VI requirement on nondiscrimination based on national origin, as it affects limited English proficient persons, Fort Hudson Health System, Inc. will take reasonable steps to ensure meaningful access to our programs and activities by LEP persons. The Fort Hudson Health System, Inc.'s Language Assistance Plan considers the following factors:

1. A number or proportion of the LEP population(s) specifically served or that could be served by Fort Hudson Health System, Inc. transit service.
2. The frequency with which LEP persons come into contact with Fort Hudson Health System, Inc..
3. The nature and importance of Fort Hudson Health System, Inc. transit services to LEP population(s).
4. The resources available for LEP outreach and how employees are trained to provide language assistance to LEP persons.

LEP Four Factor Analysis

To determine what specific languages are spoken in our transit service area and to determine what language services are appropriate for the LEP population, the Fort Hudson Health System, Inc. has conducted a Four Factor Analysis: (1) Demography, (2) Frequency, (3) Importance, and (4) Resources and costs.

Factor 1–Demography | Number or proportion of the LEP population(s), specifically served or could be served by Fort Hudson Health System, Inc. transit service.

The first step to considering the development of a Language Assistance Plan is to examine our transit services and our experiences with LEP individuals, who specifically use our transit services and determine the breadth and scope of the LEP preferred language services that were needed in providing the specific transit services.

Fort Hudson Health System, Inc. assessed the oral and written language needs of the individuals who specifically receive our transit services and of the family or surrogate of our clients. Some of our clients have limited verbal communication ability and or have limited verbal language comprehension levels. Our clients may rely on their family or a surrogate to make decisions for the client. All clients, family and/or surrogates speak English very well. If any client, family or surrogate has limited English proficiency, Fort Hudson Health System, Inc. has staff available to provide oral interpretation or has other available interpretation methods, including telephone support. Our agency emphasizes communication with all clients, their families and/or surrogates. Communication is important to provide client dignity and for effective treatment plans or activities. Since the last Title VI plan update, Fort Hudson Health System, Inc. has not had to provide a transit service to our clients in another language.

Factor 2–Frequency | Frequency with which LEP people come in contact with Fort Hudson Health System, Inc.

The Fort Hudson Health System, Inc.'s day-to-day clients and their family/surrogate are assessed for their ability to understand English. Some of our clients have limited verbal communication ability and or have limited verbal language comprehension levels. During the intake process, Fort Hudson Health System, Inc. is able to identify non-English speaking family/surrogate of our clients with whom we have frequent contact; and therefore, have staff or other services available to provide oral interpretation. Our client family/surrogates speak English very well. Since the last Title VI plan update, Fort Hudson Health System, Inc. has not had to provide our client and the client's family/surrogate with assistance in another language.

Factor 3–Importance | Importance of the service to clients who need language assistance

The Fort Hudson Health System, Inc.'s services are critical to the lives of its clients. The Fort Hudson Health System, Inc. has taken positive steps at the intake process to identify non-English speaking clients and their family/surrogates with whom we have regular contact. Therefore, the Fort Hudson Health System, Inc. has staff available to provide oral interpretation or other resources as needed thus ensuring the importance of our client services be

communicated to all clients, family/surrogates in a language other than English. Since the last Title VI plan update, Fort Hudson Health System, Inc. has not had to provide our client and the client's family/surrogate with assistance in another language.

Factor 4 Resources and Costs | Resources available and employee training

During new employee orientation, Fort Hudson Health System, Inc. provides the principles on Title VI and language assistance with an emphasis that the client's and family/surrogates are protected under Title VI and LEP. Our employees obtain language assistance training to continue to meet the needs of our clientele and the LEP individual. Fort Hudson Health System, Inc. has adequate resources to provide employee training. Oral interpretation for the client's family/surrogate is provided at no cost to the client.

Implementing the Language Assistance Plan

As a result of the four-factor analysis, a Language Assistance Plan is not required. However, reasonable attempts will be made to accommodate any person encountered who require written translation or oral interpretation services. The Language Assistance Plan will be monitored annually for any language assistance change. If no change occurs, the Language Assistance Program will at a minimum be updated during the Title VI plan update.

B6. Minority Representation on Advisory Boards

Fort Hudson Health System, Inc. has no transit-related, non-elected committees or advisory councils.

B7. Recordkeeping and Reporting

Fort Hudson Health System, Inc. maintains records related to the agency's implementation of Title VI program, including records of the Title VI Plan Board adoption, records of Title VI staff training, public involvement activities, complaints, investigations, language assistance services and other implementation activities.

Fort Hudson Health System, Inc. shall update the Title VI Plan, every three years and submit the plan to the New York State Department of Transportation (NYSDOT) for approval.

B8. Plan and Policy Review

The Title VI policy will be disseminated to employees through new employee orientation and periodic email messages. The Fort Hudson Health System, Inc. will review its Title VI Plan at least once every three years to determine if modifications are necessary. The Fort Hudson Health System, Inc. directly operates services and will review implementation annually to ensure compliance with Title VI Plan requirements. The agency's review includes verifying that all employees associated with transit services have received ongoing updates, training, and a copy of the Title VI policies and that all postings are in place and in good condition.

Title VI Plan Monitoring – Activity Log

Date	Activity (Review-Update- Addendum- Adoption- Distribution)	Person Responsible	Remarks
April 2025	Adopted and distributed	Kayla Winsman	Verified intake materials, postings. Verified employees associated with the transit program received Title VI training and copies of Title VI policy.

Program Monitoring

The Fort Hudson Health System, Inc. will monitor the effectiveness of the Title VI program through feedback from clientele, employees, general public and other agencies (NYSDOT, FTA). Fort Hudson Health System, Inc. seeks opportunities to continuously improve its Title VI plan, public participation outreach efforts and providing meaningful access to our services to LEP individuals.

B9. Facility Location Equity Analysis

As a subrecipient of federal funds, Fort Hudson Health System, Inc. understands we are required to conduct a Title VI equity analysis when planning to construct, expand, or purchase a facility. A facility includes storage facilities, maintenance facilities, and operations centers, but it does not include bus shelters, transit stations, or power substations. The equity analysis requirement applies even to facilities that do not receive direct federal funding (as long as Fort Hudson Health System, Inc. receives federal financial assistance, Title VI requirements apply to all programs and activities). The equity analysis compares the equity impacts of various siting alternatives and must occur during the planning phase, prior to the selection of the preferred site, and must include the following:

1. A description of the outreach to persons potentially impacted.
2. A comparison of equity impacts of various siting alternatives.
3. An analysis about whether a disparate impact occurs on the basis of race, color or national origin (including potential cumulative adverse impacts from other facilities with similar impacts in the area) because of the location and construction of a facility. (If there is a disparate impact, the construction of the facility may only occur if there is a substantial legitimate justification, there are no alternative locations that would have a less disparate impact, and it is not a pretext for discrimination).

For any new facility construction, expansion, or acquisition, Fort Hudson Health System, Inc. will work with NYSDOT to ensure that the equity analysis is completed and submitted to NYSDOT. The equity analysis will be provided upon request to NYSDOT, FTA and during the triennial review.

The below is intended to provide directions to the reader as to whether Fort Hudson Health System, Inc. was required to, completed, and included a Title VI equity analysis with this Title VI Plan update.

Did Fort Hudson Health System, Inc. construct, expand or acquire a facility in the past three years?

☒ **No.** Fort Hudson Health System, Inc. has not constructed, expanded or acquired a facility.

☐ **Yes.** Fort Hudson Health System, Inc. did (construct, expand, acquire) a facility and completed a Title VI equity analysis to compare the equity impacts of various siting alternatives.

Does Fort Hudson Health System, Inc. plan to construct, expand or acquire a facility in the next three years? (*check the box next to the appropriate response below*)

☒ **No.** Fort Hudson Health System, Inc. does not plan to construct, expand or acquire a facility.

☐ **Yes.** Fort Hudson Health System, Inc. plans to (construct, expand or acquire) a facility.

If yes, was a Title VI equity analysis completed?

☐ **Yes.** A Title VI equity analysis was completed. A copy of the analysis is included as **Appendix X**.

☐ **No.** A Title VI equity analysis was not completed.

If no, when will the Title VI equity analysis be completed?

C. LIST OF APPENDICES

- A. Documentation of Board Approval
- B. Title VI Complaint Form
- C. Letter Acknowledging Receipt of Title VI Complaint
- D. Title VI Complaint Letter of Closure
- E. Title VI Complaint Letter of Finding
- F. Title VI Notice to the Public

APPENDIX A: Documentation of Board Approval

Fort Hudson Health System, Inc. Title VI Plan Board Approval

On behalf of Fort Hudson Nursing Center, Inc., we the Board have reviewed and adopted the Fort Hudson Health System, Inc. Title VI plan. We the Board are committed to ensuring that all decisions are made in accordance with the adopted Title VI plan, to that end no person is excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination under any Fort Hudson Health System, Inc. services and activities based on race, color or national origin, as protected by Title VI of the Civil Rights Act of 1964 and Federal Transit law under Title 49 Part 21.

Effective: April 1, 2025

Adopted: April 1, 2025

Adopted By: Board of Directors, Fort Hudson Nursing Center, Inc.

Revised: _____

Adopted By: _____

APPENDIX B: Title VI Complaint Form

Fort Hudson Health System, Inc. Title VI Complaint Form

Section I:				
Your Name:				
Address:				
Telephone (Home):			Telephone (Work/Mobile):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
☐ Race ☐ Color ☐ National Origin				
Date of Alleged Discrimination (Month, Day, Year): _____				
Agency name complaint is against: _____				
Location of where the alleged discrimination occurred:- _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.				

Section IV	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No <i>If yes, check all that apply:</i> ☐ Federal Agency: _____ ☐ Federal Court: _____ ☐ State Agency: _____ ☐ State Court: _____ ☐ Local Agency: _____	
Provide information for the contact person at the agency/court where the complaint was filed.	
Name and Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this form by mail, email or in person to the address below.

Fort Hudson Health System, Inc.
 Title VI Coordinator
 Fort Hudson Nursing Center, Inc.
 319 Broadway
 Fort Edward, NY 12828
 kwinsman@forthudson.com

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

Fort Hudson Health System, Inc. Title VI and ADA Complaint Form

Section I:				
Your Name:				
Address:				
Telephone (Home):			Telephone (Work/Mobile):	
Email Address:				
Accessible Format Requirements?	Large Print		Audio Tape	
	TDD		Other	
Section II:				
Are you filing this complaint on your own behalf?			Yes*	No
<i>*If you answered "yes" to this question, go to Section III.</i>				
If not, please supply the name and relationship of the person for whom you are complaining:				
Please explain why you have filed for a third party:				
Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party.			Yes	No
Section III:				
I believe the discrimination I experienced was based on (check all that apply):				
☐ Race ☐ Color ☐ National Origin ☐ Disability				
Date of Alleged Discrimination (Month, Day, Year): _____				
Agency name complaint is against: _____				
Location of where the alleged discrimination occurred:- _____				
Explain as clearly as possible what happened and why you believe you were discriminated against. Describe all persons who were involved. Include the name and contact information of the person(s) who discriminated against you (if known) as well as names and contact information of any witnesses. If more space is needed, please attach additional pages.				

Section IV	
Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No <i>If yes, check all that apply:</i> ☐ Federal Agency: _____ ☐ Federal Court: _____ ☐ State Agency: _____ ☐ State Court: _____ ☐ Local Agency: _____	
Provide information for the contact person at the agency/court where the complaint was filed.	
Name and Title: _____	
Agency: _____	
Address: _____	
Telephone: _____	

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

Signature

Date

Please submit this form by mail, email or in person to the address below.

Fort Hudson Health System, Inc.
Title VI/ADA Coordinator
Fort Hudson Nursing Center, Inc.
319 Broadway
Fort Edward, NY 12828
kwinsman@forthudson.com

This complaint may also be filed directly with the New York State Department of Transportation, Office of Civil Rights, 50 Wolf Road, 6th Floor, Albany, NY 12232, (518) 457-1129 Fax (518) 549-1273, OCR-TitleVI@dot.ny.gov or the Federal Transit Administration, Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

APPENDIX C: Letter Acknowledging Receipt of Complaint

Date

Name

Address

City, State Zip

Dear Name:

This letter is to acknowledge receipt of your Title VI complaint against Fort Hudson Health System, Inc. alleging

An investigation will begin shortly. If you have additional information you wish to convey or questions concerning this matter, please feel free to contact this office by contacting our office at 518-747-2811 or in writing to Fort Hudson Health System, Inc., 319 Broadway, Fort Edward, NY 12828.

Sincerely,

Kayla Winsman
Title VI Coordinator
Fort Hudson Nursing Center, Inc.
319 Broadway
Fort Edward, NY 12828

APPENDIX D: Title VI Complaint Letter of Closure

Date

Name

Address

City, State Zip

Dear Name:

The matter referenced in your Title VI complaint dated _____ against Fort Hudson Health System, Inc. alleging _____ has been investigated. The results of the investigation did not indicate that the provisions of Title VI of the Civil Rights Act of 1964, had in fact been violated. As you know Title VI prohibits discrimination based on race, color, or national origin in any program receiving federal financial assistance.

Fort Hudson Health System, Inc. has analyzed the materials and facts pertaining to your case. There was no evidence identified that a violation of your Title VI rights were denied. I therefore advise you that your complaint was not substantiated and that I am closing the matter in our files.

You have the right to 1) provide additional information to this office for reconsideration of your complaint within seven (7) calendar days of receipt of this final written decision and/or 2) file a complaint externally with the Federal Transit Administration at:

Federal Transit Administration Office of Civil Rights Attention: Title VI Program Coordinator East Building, 5th Floor- TCR 1200 New Jersey Ave., SE Washington DC 20590

Thank you for taking the time to contact us. If I can be of assistance to you in the future, do not hesitate to call me.

Sincerely,

Kayla Winsman
Title VI Coordinator
Fort Hudson Nursing Center, Inc.
319 Broadway
Fort Edward, NY 12828

APPENDIX E: Title VI Complaint Letter of Finding

Date

Name

Address

City, State Zip

Dear Name:

The matter referenced in your letter dated _____ against Fort Hudson Health System, Inc. alleging Title VI violation has been investigated. The investigation determined non-compliance by Fort Hudson Health System, Inc. in administering the Title VI obligations of nondiscrimination in the programs and services we administer. Immediate efforts are underway to correct the findings.

Thank you for bringing this important matter to our attention. You were extremely helpful during our review of the program to correct our implementation of the Title VI Program. If I can be of assistance to you in the future, do not hesitate to call me at _____.

Sincerely,

Kayla Winsman
Title VI Coordinator
Fort Hudson Nursing Center, Inc.
319 Broadway
Fort Edward, NY 12828

APPENDIX F: Title VI Notice to the Public

Notifying the Public of Rights under Title VI and the ADA

Fort Hudson Health System, Inc.

The **Fort Hudson Health System, Inc.** operates its programs and services without regard to race, color, and national origin, in accordance with Title VI of the Civil Rights Act of 1964, and for persons with disabilities under the Americans with Disabilities Act of 1990. Any person who believes they have been aggrieved by any unlawful discriminatory practice under Title VI or the ADA may file a complaint with the **Fort Hudson Health System, Inc.**.

For more information on the **Fort Hudson Health System, Inc.**'s program, and the obligations and procedures to file a complaint, contact 518-747-2811; email kwinsman@forthudson.com; or visit our office at **Fort Hudson Health System, Inc.**, 319 Broadway, Fort Edward, NY 12828. For more information on how to contact **Fort Hudson Health System, Inc.** to find out about Title VI, visit www.forthudson.com.

A complainant may file a complaint directly with **Fort Hudson Health System, Inc.** TITLE VI Coordinator by following the **Fort Hudson Health System, Inc.** complaint procedures also found on the agency's website. A complaint can also be filed with the New York State Department of Transportation on its Civil Rights website at <https://www.dot.ny.gov/main/business-center/civil-rights/title-vi-ej>. Finally, a complaint can be filed directly with the Federal Transit Administration Office of Civil Rights, Attention: Title VI Program Coordinator, East Building, 5th Floor-TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

If information is needed in another language, contact 518-747-2811.

Si necesita información en otra idioma, por favor contacto 518-747-2811.